

## Assembly Bill No. 487

### CHAPTER 518

An act to amend Section 2313 of, and to add Sections 2190.5 and 2241.6 to, the Business and Professions Code, relating to medical practice.

[Approved by Governor October 4, 2001. Filed with  
Secretary of State October 5, 2001.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 487, Aroner. Medical professionals: conduct.

Existing law, the Medical Practice Act, provides for the regulation of physicians and surgeons by the Medical Board of California. Under that act, the board's Division of Licensing is required to adopt and administer standards for the continuing education of physicians and surgeons, and the board's Division of Medical Quality is required to take disciplinary action against those who are charged with committing unprofessional conduct and to report annually to the Legislature regarding those actions.

This bill would require the Division of Medical Quality to develop standards before June 1, 2002, for the investigation of complaints concerning the management, including, but not limited to, undertreatment, undermedication, and medication of pain and to include in its annual report to the Legislature a description of actions relating to that practice. The bill would also require physicians and surgeons to complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients by December 31, 2006, except that it would not apply to physicians practicing in pathology or radiology specialty areas. The bill would authorize the board to adopt regulations exempting physicians who do not engage in direct patient care, do not provide patient consultations, or do not reside in California.

*The people of the State of California do enact as follows:*

SECTION 1. It is the intent of the Legislature that this act serve to broaden and update the knowledge base of all physicians related to the appropriate care and treatment of patients suffering from pain. For the past 20 years, medical journals have reported that physicians consistently fail to manage their patient's pain appropriately. These studies also consistently report that the single most important cause of this problem is lack of physician knowledge and awareness regarding

appropriate pain management treatments. It is also the intent of the Legislature that this act serve to broaden and update all physicians' knowledge bases regarding appropriate care and treatment of terminally ill and dying patients. The Legislature intends that this act provide for the continuing education of all physicians on these two topics of medical care. In addition, the Legislature intends that physicians receive this continuing education as part of their current continuing education requirements, and that appropriate corresponding coursework be determined by existing Medical Board of California practice.

SEC. 2. Section 2190.5 is added to the Business and Professions Code, to read:

2190.5. (a) All physicians and surgeons shall complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. For the purposes of this section, this course shall be a one-time requirement of 12 credit hours within the required minimum established by regulation, to be completed by December 31, 2006. All physicians licensed on and after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. The board may verify completion of this requirement on the renewal application form.

(b) By regulatory action the board may exempt physicians by practice status category from the requirement in subdivision (a) if the physician does not engage in direct patient care, does not provide patient consultations, or does not reside in the State of California.

(c) This section shall not apply to physicians practicing in pathology or radiology speciality areas.

SEC. 3. Section 2241.6 is added to the Business and Professions Code, to read:

2241.6. The Division of Medical Quality shall develop standards before June 1, 2002, to assure the competent review in cases concerning the management, including, but not limited to, the undertreatment, undermedication, and overmedication of a patient's pain. The division may consult with entities such as the American Pain Society, the American Academy of Pain Medicine, the California Society of Anesthesiologists, the California Chapter of the American College of Emergency Physicians, and any other medical entity specializing in pain control therapies to develop the standards utilizing, to the extent they are applicable, current authoritative clinical practice guidelines.

SEC. 4. Section 2313 of the Business and Professions Code is amended to read:



2313. The Division of Medical Quality shall report annually to the Legislature, no later than October 1 of each year, the following information:

(a) The total number of temporary restraining orders or interim suspension orders sought by the board or the division to enjoin licensees pursuant to Sections 125.7, 125.8 and 2311, the circumstances in each case that prompted the board or division to seek that injunctive relief, and whether a restraining order or interim suspension order was actually issued.

(b) The total number and types of actions for unprofessional conduct taken by the board or a division against licensees, the number and types of actions taken against licensees for unprofessional conduct related to prescribing drugs, narcotics, or other controlled substances, including those related to the undertreatment or undermedication of pain.

(c) Information relative to the performance of the division, including the following: number of consumer calls received; number of consumer calls or letters designated as discipline-related complaints; number of calls resulting in complaint forms being sent to complainants and number of forms returned; number of Section 805 reports by type; number of Section 801 and Section 803 reports; coroner reports received; number of convictions reported to the division; number of criminal filings reported to the division; number of complaints and referrals closed, referred out, or resolved without discipline, respectively, prior to accusation; number of accusations filed and final disposition of accusations through the division and court review, respectively; final physician discipline by category; number of citations issued with fines and without fines and number of public reprimands issued; number of cases in process more than six months from receipt by the division of information concerning the relevant acts to the filing of an accusation; average and median time in processing complaints from original receipt of complaint by the division for all cases at each stage of discipline and court review, respectively; number of persons in diversion, and number successfully completing diversion programs and failing to do so, respectively; probation violation reports and probation revocation filings and dispositions; number of petitions for reinstatement and their dispositions; and caseloads of investigators for original cases and for probation cases, respectively.

“Action,” for purposes of this section, includes proceedings brought by, or on behalf of, the division against licensees for unprofessional conduct that have not been finally adjudicated, as well as disciplinary actions taken against licensees.

